

### STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

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APR 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

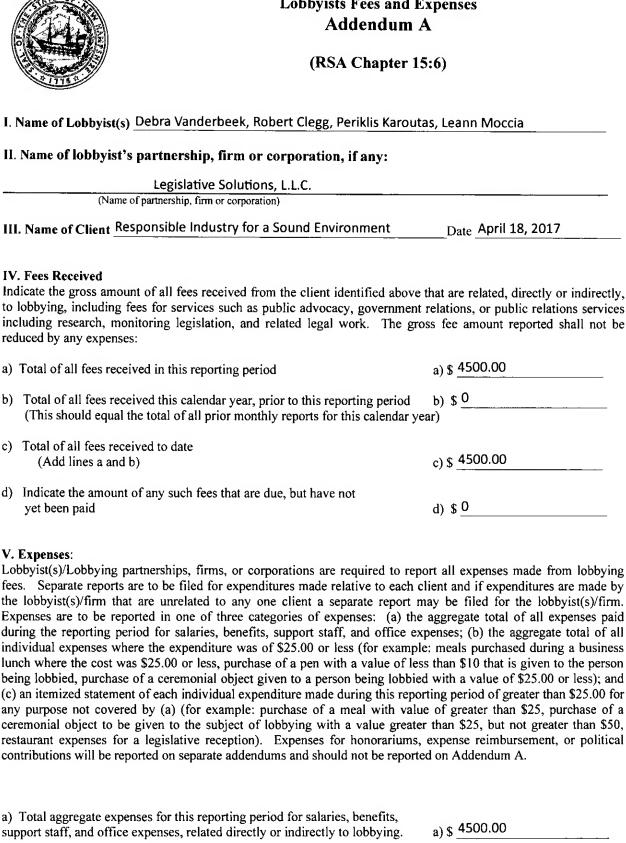
# (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s)	Debra Va	nderbeek, Robert	Clegg, Periklis Karoutas,	Leann Moccia
II. Name of lobbyist's p	artnership, firm or	corporation, if an	y:	
Legislati	ve Solutions, L.L.C	•		
(Name o	of partnership, firm or	corporation)		
P.O. E	3ox 10724	Bedford	NH	03110
Business Address: (Street	:)	(Town/City)	(State)	(Zip Code)
( ) 603-986-9145	(	)	<sub>e-mail</sub> dbeek@	aol.com
(Telephone)		(Fax)		
reportable expense tran	sactions which are	not attributable to	any one client).	may file a separate report for
☐ All reportable transac	_	•	e reporting date relative to	the following client:
		stry for a Sound Er	hvironment byist Registration Form)	
OR	run Name of Chent as	it appears on the Loo	byist Registration Form)	
<del></del>	•	(including the lobb	yist's family), or the lobbyi	ng firm listed below which are
	April 26, 2017 🔏	ion to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/	17
	October 25, 2017	]	January 31, 2018 □	
aci	ivity from 7/1/17 to 9/	30/17	activity from 10/1/17 to 12/.	31/17
			transactions made since Secretary of State's Office	
VI. Check if additional	reports are attache	ed:		
			e Addendum A- Fees and	Expenses
☐ If you have paid an h Expense Reimbursement		ursed expenses, you	must file Addendum B- I	Report of Honorariums or
$\Box$ If you, your firm, or	your family has mad	de political contribu	tions, you must file Adden	dum C- Political Contributions
and complete to the best	A 15-B, RSA 14-C a	nd RSA 664 and her	•	e foregoing information is true
(Signature of lobbyist)			(L	Jaic)
Debra Vanderbeek				
(Print Name of lobbyist)	l .			

#### P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE

## **Lobbyists Fees and Expenses**



support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period	d) \$ <u>4500.00</u>
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>4500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	*****
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of labbuigt)	April 18, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation	on: Legislative Solutions
Name of Client (leave blank if Statement is for the	e partnership, firm, or corporation and not related to any WHAM FIRA SUMA ENVIRUMENT
Date of Report (check one):	
April 26, 2017 🗖 July 26, 2017 🗆 O	october 25, 2017   January 31, 2018
	tatement of Income and Expenses described above, and tatement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
complete to the best of my knowledge and belief.	April 18, 2017
(Signature of lobbyist)	(Date)
Robert Clegg	<del></del>
(Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: **Legislative Solutions** Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Reseasible Transtry for a Sound Environment particular client): Date of Report (check one): April 26, 2017 July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. April 18, 2017 Periklis Karoutas

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  **Delta   Delta   De
Date of Report (check one):
April 26, 2017
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  (Date)  (Date)
Leann Moccia